

ADMINISTRATION, KANSAS DEPARTMENT OF

Moderator: Miranda Steele
November 26, 2013
10:00 a.m. CT

Operator: Good morning. My name is (Alicia) and I will be your conference operator today. At this time, I would like to welcome everyone to the Monthly Public Health Conference Call.

All lines have been placed on mute to prevent any background noise. After the speakers' remarks, there will be a question-and-answer session. If you would like to ask a question during this time, simply press star then the number one on your telephone keypad. If you would like to withdraw your question, press the pound key. Thank you.

Ms. Steele, you may begin.

Miranda Steele: Thank you, (Alicia).

Good morning everyone. This is the November statewide population health call for our local health departments, hospitals, ambulatory surgical centers, school nurses, all of you. Thank you for calling in to receive an update on what's going on here in Topeka. Hopefully, the information will be valuable as we close out year 2013.

I will mention at the top of the call here that we have moved our December meeting. It will not be on the fourth Tuesday of December. It will be on December 17th. And that notice, alert, went out in the most recent reminder about today's call. So we will, of course, be sending out reminders for that date change as we get to the month of December. But I wanted to mention that so you could be aware of that change.

So for this morning, November 26th, I want to run through the agenda real quickly so you know what's on tap this morning. After we get through with all of the briefings from our presenters here in the department operations center, we will open the call for a question and answer session.

First, we will have the State Health Officer and Secretary, Dr. Moser. Then Jane Shirley from our Bureau of Community Health Systems will give an update on aid-to-local grant applications. And then our State Epidemiologist, Charlie Hunt, will have a few items from his bureau. And then – and for the Bureau of Environmental Health is Janet Neff to give a few updates. And then Ginger Park from our Bureau of Health Promotion.

After Ginger we'll have Ashley Muninger from the Bureau of Community Health Systems Rural Health Program. And then lastly – well, not lastly -- actually, before we get to Preparedness, I'll give a few updates from Communications Office. And then lastly we'll have Dave Meek and others from the Preparedness program to provide their monthly update.

So that's what it looks like this morning. At this point, I will turn it over to Dr. Moser.

Robert Moser: Good morning. Thanks for joining us again today.

I have to say, in particular, thanks to all of you providing the public health services, protecting and promoting health and safety.

Yesterday was the National Thank You Public Health Day. Research America Group put forward that recommendation. And the Association of State and Territorial Health Officials sent up a press release around it. I think it's – since we're into Thanksgiving week, a great opportunity just to say thanks to all of you for what you do everyday.

I don't have a great number of things to go through today. We are typically in a budget mode at this point in time. But with having passed the two-year budget last year, this 2015 budget was approved. Basically, there are no changes in our budget as far as any reductions.

But of course, when the legislature comes in, since they do determine appropriations, they'll go back through all the agencies to assess the state budget. And there will be more to come, I'm sure. But we'll keep abreast of that.

There's been a lot of other activities going on within KDH&E. I'm sure you'll hear from a number of the programs today. KDH&E had an internal, agencywide town hall meeting. We were able to give an overview of the different activities going on in our three divisions to all of the agency participants. We also had our district offices on the webinar able to participate with that.

So as we move forward into this New Year, we're also working on some of our quality improvement efforts. And we continue to work toward accreditation. And you'll be hearing more about that later.

So again, thanks for participating. And I'll turn it over to Miranda.

Miranda Steele: Thank you, Dr. Moser.

Jane Shirley from our Bureau of Community Health Systems, Center for Population Health.

Jane Shirley: Thank you, Miranda. And good morning everyone.

First, just a small piece of what I would call business, I want to remind all the agencies that apply for our Kansas Aid to Local grants, and you all know who you are, local health departments, clinics, and a few community organizations, that the application period is right around the corner. As usual, we hope to have all application materials revised and loaded on our Web site by January 15th. So I just want to remind everyone December becomes a very short month and so you might want to be getting all of your documentation and your information together so you'll be ready when those come out.

I also want to mention another calendar item, which is that in 2014, the Governor Public Health Conference is scheduled for April 29, 30, and May 1.

I'd like to encourage you all to mark your calendars and set aside that time for that very important conference.

And that's all I have. Happy Thanksgiving to everyone. Back to you, Miranda.

Miranda Steele: Thank you, Jane.

So the Governor's Public Health Conference is April 29, 30 and May 1.

Jane Shirley: Yes.

Miranda Steele: Great. Thank you.

Next is our State Epidemiologist, Charlie Hunt.

Charlie Hunt: Thank you, Miranda. Good morning everyone.

First of all, I'd like to cover this very briefly - an update on influenza activity. As you recall, our Influenza Sentinel Surveillance begins around October 1st. We have retained 37 ILI Net sites for the state during the 2013-2014 season. And we have begun to report sporadic influenza activity.

You'll recall, last month we did issue an announcement on the first influenza cases reported in the season. And so we'll continue to monitor that.

The next thing I want to mention is the performance measures for epidemiology and surveillance. As you recall, I discussed this on the call last month. And some details were provided in the October issue of our Epi Updates newsletter. And I want to thank Dan Neises and our staff for putting this work together.

So to just briefly review, in 2012, KDHE initiated pilot performance measures for our preparedness cooperative agreement related to disease reporting and disease controls. During that first year, the measures were limited to a small number of diseases and to five randomly selected counties. And this year, that is in, the 2013-2014 budget period, Kansas as well as other states, will be expanding the measures.

KDHE is including additional reviews in some of the CDC selected diseases. So we've added some diseases to provide more local level information.

The diseases that we are tracking now include, of course, botulism, measles, meningococcal disease, pertussis, varicella, tularemia, shiga-toxin E. coli, Salmonella, Shigella, and hepatitis A. Tracking these is important from the public health perspective nationally and in our state, especially for those that do occur frequently in Kansas - so we can have some meaningful data.

We have begun publishing the statewide data. In fact, just in the November issue of our Epi Updates newsletter that was published this week. And so I'd encouraged you to review that article so you'll become more familiar with this data. KDHE will work on the process again for dissemination to local health departments and on a regional basis as well in the weeks and months ahead.

The next thing I'd like to talk about is improvement in our perinatal HBV prevention through surveillance enhancements. This is highlighted in the November issue of Epi Updates newsletter that was just published.

Just very briefly, Hepatitis B during pregnancy— as many of you are aware - is a reportable condition. It's covered in our infectious disease reporting regulations. It's also required that pregnant women be tested during pregnancy. And that information is then documented on the birth certificate.

From 2008 to 2012, we identified an average of about 48 pregnancies in Kansas in which the woman was identified as having hepatitis B. Data from CDC suggest that we should have close to three times that or about 150 cases a year.

And so we are looking for ways to improve our reporting systems. One of the things that we are implementing now is a method called capture-recapture. We've just implemented that here in November of 2013.

Very briefly, it's a method that uses two different sources to identify overlaps and gaps. And what we're doing is we are using the birth certificate data and the case report data that we get in EpiTrax, and also going back to our

previous system, EDSS, and we're comparing those two systems and again, looking for cases that have been previously missed.

Using this method from January 1 through November 1 of 2013, we did identify 19 additional infants that had been born to mothers that previously tested positive for Hepatitis B but have not been reported to KDHE in their current birth certificate. So we do see that this is a significant improvement in that system.

When we apply this method, the events will be put into EpiTrax as a case record and the local health departments will be asked to follow up as they normally would. Again, if you'd like to see more details about this, there's an article published in the November issue of our Epi Updates newsletter.

And then finally, I like to just briefly mention updated recommendations for pertussis with respect to post exposure prophylaxis. You could see the CDC recently updated its recommendations regarding this. This was done relatively quietly. They did post an update on their Web site and in one of the manuals that they post online.

Previously, recommendations were to provide post exposure prophylaxis to the closest contacts regardless of the setting. But extensive contact tracing and widespread use of antibiotics among contacts may not be effective, an effective use of limited public health resources. And there's also a concern about the widespread use of antibiotics, early use of antibiotics because of post exposure prophylaxis.

And so CDC is now recommending more targeted approach with post exposure prophylaxis. And the contacts that really should be focused on include household contact, infants less than 12 months of age, pregnant women in the third trimester, persons with previous health conditions that could be exacerbated by pertussis, and contacts who themselves have close contact with any of the above categories.

In some settings, probably the use of post exposure prophylaxis might be warranted, for example, outbreaks in institutional settings, et cetera. So we will be updating our investigation guidelines and sending out companion

documents for this to provide the local health department and healthcare providers our recommendations. Be looking for that information to come shortly.

And that's all I have. So I'll turn it back over to you, Miranda. Thank you.

Miranda Steele: Thank you, Charlie.

All right. Next is Janet Neff from our Bureau of Environmental Health.

Janet Neff: Good morning from your Bureau of Environmental Health.

As many of you know, January is Radon Action Month. And this year we're going to be providing free test kits through the local public health entities. Right now we have 61 participants recruited in 54 counties. And we will be mailing the test kits out in the next two weeks.

If you or your staff are visiting Topeka and you're participating, please let us know and we'll have your kits ready for you and we can save some postage. It's not too late to join us in this endeavor if you're interested in handing out some free test kits. So just let us know and we'll add you to our distribution list. You can contact (Angela German) at (agerman@kdheks.gov) for more information.

With the cold weather upon us, we're reminding everyone to check their carbon monoxide detectors, along with checking your furnaces, wood stoves and fireplaces. There are, in average, of five persons who died annually from unintentional non-fire related carbon monoxide poisoning in Kansas. For more information, you can visit the BEH Web site.

On November 5th and 6th, approximately 30 KDHE staff participating in a two-day FEMA-Evaluated Wolf Creek Exercise. The KDHE participants were from several programs and, and there were many other participants from other state agencies, also Coffey County and Wolf Creek staff.

During the meeting with FEMA officials following the exercise, preliminary evaluation results were provided. The FEMA findings were excellent in the

results of extensive planning, training and hard work by all participants.
Thank you.

Miranda Steele: Thanks, Janet.

Yes, the exercises with Wolf Creek and health partners in Coffey County and our sister agency at KDEM, this FEMA-Evaluated Exercise doesn't happen every year. It's every two or three years. But we're constantly exercising the response plan. So it's good to know that the efforts resulted in excellent finding. Great job on that.

Now, I will turn it over to Ginger Park from our Bureau of Health Promotion.

Ginger Park: Thank you.

I just want to give a couple of updates on recently released information from our bureau. We recently released the Kansas Behavioral Risk Factors Surveillance Survey report with some local data from 2011. And this highlights healthcare behavior statistics for local geographic areas compiled through data collected in 2011.

We had a sample size large enough in 2011 that we were able to give information for 43 counties and 16 public health preparedness region. So if your county does not have county-specific data, you should have regional data available.

And a couple of weeks ago, hard copies of the report were mailed to health department administrators. So if you haven't seen those reports, please let us know. Or if you are not the administrator, touch base with your administrator if you like to see the hard copy. You can see electronically the data for your region and all of the other regions in counties that have data available online.

And Miranda, instead of reading along web address, will you just include that in the minutes? http://www.kdheks.gov/brfss/Expansion_2011/index.html

Miranda Steele: Absolutely.

Ginger Park: OK. Thank you.

So you will get that information. If you have any questions, please let Miranda know and she will pass that on.

And then the other thing that we released just last week was the report on the health of Kansas veterans. And that report is also posted online. Miranda will include that web address.

http://www.kdheks.gov/brfss/PDF/Veterans_Report_2013.pdf

So this report is also looking at 2011 behavioral risk factor surveillance system data. And this is the first time that we ask about veteran status. And so we're able to do this report. And veterans are defined as those who reported they had ever served on active duty in the U.S. Armed Forces, either in the regular military or any National Guard or military reserve unit.

And we found some differences between veteran civilian health and between the health of younger veterans and older veterans. And we defined younger veterans as those 18 to 64 and older veterans at 65 years and older.

So please check out that report. And I think that information will be useful.

Miranda Steele: That's right.

Yes, as Ginger said, please check this out. Again, the report that we issued last Friday for the Health of Kansas Veterans is not an assessment of the VA healthcare system or any other veteran care. It is the individual health of our veterans in the state.

And in that report is that – in the front cover will be a local story from a veteran who served out of Fort Riley. And so I appreciate the public affairs team and the army community services team at Fort Riley for what they've done to contribute to the report.

So thank you, Ginger.

Now, I'll turn it over to Ashley Muninger with our Office of Rural Health.

Ashley Muninger: Thanks, Miranda.

The Office of Rural Health recently celebrated the Third Annual National Rural Health Day last week, on November 21st. Thank you for all who shared with us, sending your celebration events. There were some really exciting things going on throughout the state and nationally.

We heard some various communities about holding free health screening for the month of November. We had a few visiting local schools to provide education, creating bulletin boards of information, creating promotional material. There's a photography contest going on. And also webinars and using the national rural health day logo as appropriate.

This year we also had a proclamation signed by the governor declaring November 21st as Kansas Rural Health Day. So we're already looking forward to next year's celebration. And if you have any ideas or want to share your thoughts, just contact the Office of Rural Health.

And also recently, the Federal Office of Rural Health Policy released the application for the rural health network development planning grant. The purpose of this program is the health and the development of an integrated healthcare network. And that help brings together entities who may not have collaborated in the past so they can develop strategies for improving health service delivery systems in their community. And applicants may request up to \$85,000 for one year to create a network into structure and to help form a coordinated plan such a local health need.

The deadline to submit an application for this grant in grants.gov is due on January 16th 2014. On Tuesday, December 3rd, at 12 am – excuse me Central time, there will be a technical systems call related to this grant. And this call is open to anybody who is interested in applying. They'll host a Q&A session at the end of the call. This call will also be recorded if you're unable to attend. And we'll send out more information on how to access this call in a minute.

And lastly, the State Office of Rural Health will be hosting a webinar in December on the topic of telemedicine. The webinar is going to feature a presentation from the Heartland Telehealth Resource Center. And participants

will also be able to hear from the local providers who have been successfully using telemedicine in the state. And the day and time for that webinar will be announced in the next couple of days.

And as always, if you have any questions or need more information, feel free to contact our office at ruralhealth@kdheks.gov. Thank you.

Miranda Steele: Thank you, Ashley.

I want to provide some information now on behalf of our division of healthcare finance, in particular, the KanCare Program. As many of you might know, the open enrollment for KanCare members is underway now, starting December 1st actually. Those members who joined KanCare in January 1st of this year, when the program launched, they are now able to review materials from the three different managed care organizations.

They can keep their plan if they like it. If they see that another health plan is offering different services that they would prefer for themselves or their family members, they can switch plans. So that open enrollment is taking place between December 1st and March 2nd. Overall, it's several months, and even past January 1st, as they start their second year of KanCare benefits.

Just yesterday, we participated in a hearing before the legislative committee for KanCare oversight. And several updates were provided to legislators and stakeholders who joined that meeting.

One of the things that is on the horizon is the inclusion of waiver services for those with intellectual and developmental disabilities, particularly the long-term service and supports. Whereas the medical services for those individuals are already provided under KanCare. So it's just waiver services we're talking about entering KanCare on Jan. 1, 2014

There are improvements being made to provider reimbursement and prior authorization, so in the coming weeks and months you'll see more standardization among the three KanCare companies.

So, at this point, I just encourage you as the providers of Medicaid services who are on the line today, if you have questions about any of that or any comments, don't hesitate to reach out to KDHE, or of course, talk to the plans for which you are in network.

Next, I want to let everyone know, if you haven't already heard, the United Health Foundation is preparing to announce its 2013 health ranking, so this is the annual America's Health Ranking. I think the date that they have for that is December 11th. And you may be able to participate in a webinar as I did through the National Public Health Information Coalition.

And what we were able to see in the report is that we didn't change much from the previous years as far as rankings go. So I just wanted to put that on your radar. This is different of course from the county ranking that Robert Wood Johnson Foundation publishes.

So of course, if you do want to find out specifically what the indicators are for your county, never hesitate to go to the kansashealthmatters.org Web site. I thought I would plug that.

Also coming up on December 1st is World AIDS Day. And KDHE helped out with some local partners who were -- who are going to have events in observance of World AIDS Day. And the theme for this year is Share Responsibility, Strengthening Results for an AIDS-free generation. There are events planned for the Lawrence area, the Wichita area, and Topeka. So I think we'll have more information on Facebook as we get closer to that day.

And the last thing, I think, I have here, is I wanted to mention something for the partners in our Southeast Kansas region.

The Sunflower Journeys public television series that is made possible through the public TV station here at Washburn University -- there is an individual from our Bureau of Environmental Remediation as well as our Environmental Health Officer, Dr. Farah Ahmed, they were interviewed for this particular episode on the mining operations in Southeast Kansas and all of the health-related discussions around that. I'm sure it will air again throughout the

coming year. So if you're able to catch that, a couple KDHE staff members participated in that story.

And that's it for the Communications Office.

So at this point, I will turn it over to Dave Meek from our Preparedness Program. Dave?

Dave Meek: Thank you, Miranda. And Happy Thanksgiving to everyone out there.

I want to start our update by letting Michael McNulty give us an update on Fred and the areas of operations that he deals with. So I'm going to let him start this off.

Michael McNulty: Thank you, Dave.

First, I'd like to let everybody know that we have a new contract employee working with Preparedness Program. His name is Torey Kiel. He'll be responsible for doing the plan and SOGs that are submitted. He'll be doing the reviews for those and should be working on with jurisdictional risk assessment at the state level.

December 12th, Fred is going to be going to a community partners meeting at Leavenworth County. So if you have community events going on that you would like to put a little bit of Preparedness flavor with, Fred is available for travel.

And then finally, recently, Fred was interviewed -- Fred the dog, was interviewed by Healthy Pet magazine, which is a national magazine that veterinary offices sent out as to discuss the efforts that he has going on here in the state of Kansas for getting families and pets prepared for emergencies and disasters.

Dave Meek: Excellent. Thank you, Michael.

We all love Fred, and Michael, too. So a very good program that we have going there.

Last week, KDHE had our normal quarterly preparedness team meeting, discussed issues about healthcare coalition participation. And the local health department risk assessment and the growing out of crisis standards of care and how that education is going to be initially done to spread the word throughout the state of Kansas.

Jamie Hemler is currently coordinating development of two required reports for public health preparedness cooperative treatment.

Lisa Williams now is doing full-time exercise work and she is about to head to (inaudible) for her second week of the Master exercise practitioner program. She is really excited about getting to do that program and expand on her knowledge and capabilities to bring out into the field the benefit our partners out there as we put together exercises to increase our preparedness.

However, there were some duties that she had to let go of. And I'm very pleased to say we have – joining us (Nikki Myer) who started on November 4th. She's a part-time local contract person who is also part of Kansas Air National Guard and is a great benefit to us coming in and helping to pick up those additional duties that Lisa has been doing so she can do her exercise work full-time.

(Zach Graves), our medical counter measure person, has completed the two-day training and exercise conducted by TEEX in Park City on November 5th and 6th, which he was working with Sedgwick and Harvey counties primarily, and doing a mass prophylaxis program. The mass prophylaxis connect exercise in response to the bio-terrorist incident and endemic influence or catastrophe or other health emergency that can happen in the communities, he said it was excellent exercise and everybody learned an awful lot for doing that.

We are working very hard with the new rollout of the crisis standards of care. Currently, we're trying to come up with our plan of how to go out and instruct this to the physician community here in the state to reach as many people as possible in a reasonable amount of time. So look for more information on that.

And a new item that's going to be officially released to the public, we now know on December 4th. It's called the National Health Security Preparedness Index. And this was a project through (ASTHO) that they've been working on for, I believe, developing for two years. And we did have input into this, during the developmental stage. I came in on the last part of it so I got to be involved with it. And now, they're actually rolling out their initial report.

The key thing to remember as this comes out is that while it is a report on – or index, as they put it, of health security preparedness, it's not designed to rank states in a set order of their readiness or health security at this point. It's an initial rollout of what they are creating. And it's going to be developed over a period of time.

That being said, you're going to see this, when it comes down, I encourage everybody to take a look at the website, we'll get the Web site address to you. And some additional information will be coming out next week as well.

It's easy to use. It's not very difficult to navigate. It will show you things such as the overall result for the nation initially. And then you can click on the state. It only brings up one state at a time. It will come out with some sub-domain results so you can click on and go into one more level of sub-domains.

And overall, it's rather complex. The key items that I kind of wanted to leave you with today is an understanding, we think of things a lot of times in relationship to the hospital preparedness program and as well as the public health preparedness program.

And when it comes to that, this index is much broader than just those two programs. And they clearly state on the Web site that the index is much broader than the public health emergency preparedness program and hospital preparedness program performance measures. The 2013 index has 128 measures including no, and that is a zero HPP measures, and only five of the PHEP measures are included in this initial rollout.

So it is definitely a program that is under construction to provide good information. And they only collect the data once a year. So we follow it and

point out very clearly that any data that you're looking at is based on the timeframe in which they collected the data. It does not mean it's real time. And it's not constantly updated. It's a once a year collection point.

And to give you an overall flavor of what's going on, they mention where this national health security preparedness index is headed, their ultimate goal. And they mentioned some examples of how the index maybe enhanced in the future releases. They list additional measures that have a bearing on health security and meet the NHSPI selection criteria that will be considered.

Identified next steps for this index include additional sectors being emergency management, behavioral health and environmental health, i.e. these are not involved in this current rollout that has – that you will see when you go to the Web site. Overarching concepts such federal contributions, state preparedness. Other geographic level versions maybe explored if the data is available.

Also, they're going to look at weighting the domain and sub-domains. And the measure will be considered. Right now, there is no weighting in the things that they've looked at. It's a simple kind of 0 to 10 scale that they view. So they haven't done any weighting.

However, they do mention it is rather unique in this initial rollout because, with the lack of a weighting mechanism in this initial rollout, different areas of the country have different hazards that they're more susceptible to. And hence, they're looking at possibly in the future if there are some actual weighting of the different things that they're looking at in the future.

This again, this is going to roll out on December 4th. I encourage everybody to go take a look at it on the Web site when it comes out.

And that's basically it from Preparedness unless people have questions.

Miranda Steele: We can open the line for questions.

(Alicia), I think we're ready for questions from our caller.

Operator: If you would like to ask a question, please press star then the number one.

You have a question from the line of Mary Herman.

Mary Herman: Yes. Can you hear me?

Miranda Steele: Yes. Hello, Mary.

Mary Herman: Hi. Could you repeat when -- the conference call that you mentioned earlier about the grants? Could you say when that was going to be?

Miranda Steele: Sure. The call for the Rural Health Network Planning Grant will be on Tuesday, December 3rd, so next week, at 12 o'clock Central time.

Mary Herman: OK. And then I had a question, we received some of the radon test kits. And what are other guidelines for distribution of those? Are there any reporting forms because we didn't really see anything in our packet of kits?

Janet Neff: Well, you should have received with each of the test kits a little release form for the person who takes the kit to provide their name and address so that we can follow up if they don't return the kit. When the person takes the kit home and uses it, they mail it off to the lab and these reports are -- with the test results, are sent automatically to us.

So there aren't any other reporting claims of requirements. And you're welcome to provide those any members of the public, here on staff. And if you need more, just let us know and we'll send you some more.

Mary Herman: OK. All right. Thank you.

Janet Neff: Yes. And the person who uses the test also receives the results.

Operator: Once again, if you have a question, please press star then the number one.

There are no questions.

Miranda Steele: OK. Well,

Operator: We do have a followup from Mary Herman.

Miranda Steele: OK.

Mary Herman: I do have another question.

We're dealing with pertussis in our community right now. And one of the things that I've been trying to find is algorithm that we could provide to our medical providers, something that they can follow for contact and for case management. And I was trying to find something and I have gone on the internet and found some samples. But I wondered if KDHE have an algorithm that they might be able to share with us.

Charlie Hunt: Hi, this is Charlie.

And we certainly can – I can give you a specific Web site for the new CDC recommendation. Obviously, that is available in the general minutes of the call. And I'll get that sent to you direct with – I'm getting – I'll send them from Deb Nickels and she will get that sent out. So that's one thing.

The disease investigation guidelines that we published might have some materials in there that would be useful. And again, we're going to be updating those with the new recommendations. And then we've also provided to counties that are printing a large number of cases, some ways to help streamline the case and contact followup.

Mary Herman: Yes. And we have the material. It's just that, for the physicians and medical providers, it's just really beneficial to them if they have something that they can just go step by step rather than having to read a narrative of, you know, 8 to 10 pages, to glean out the information. So the algorithm would really be helpful.

Charlie Hunt: Sure. The CDC recommendation is actually just a one-pager with bullet points of the recommendations for who should receive post exposure prophylaxis.

Mary Herman: OK. That would be wonderful to have that.

Charlie Hunt: OK.

Mary Herman: Thank you.

Operator: There are no further questions.

Miranda Steele: OK. Thanks, Mary. Great questions.

OK. Well, again, another reminder that next month's call is scheduled for December 17th at 10:00 a.m.. And the number and code will be sent through e-mail.

As a reminder, the transcripts from each month's call are posted on the Office of Local Public Health Web site on the KDHE Web site. The transcript from today's call, of course, won't be posted until next week, due in part to the holiday that's coming up.

With that, I hope everyone has a Happy Thanksgiving. And we will talk to you next month.

Operator: This concludes today's conference call. You may now disconnect.

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